

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024544

STATE FILE NUMBER

FILED JUL 21 1958 Registration District No. 31 Primary Registration District No. 4040 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cole Camp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Cole Camp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Length of stay in lb 7 Weeks		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Anna Augusta Ehlers				4. DATE OF DEATH Month July Day 16 Year 1958			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH November 15, 1894	
9. AGE (In years last birthday) 63		IF UNDER 1 YEAR Months 8 Days 1 Hours 2 Min. 15		IF UNDER 24 HRS.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Cole Camp, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Herman Kritzler				14. MOTHER'S MAIDEN NAME Marie Goosen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Ruth Ehlers Address Cole Camp, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Anoxia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Metastatic Carcinoma of Lung DUE TO (b) Carcinoma of Lung Ed. Embolus DUE TO (c) 1538 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH 5 Months 2 months Unknown	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour 2:15 Month 5 Day 15 Year 58 a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-15-58 to 7-16-58 and last saw her alive on 7-16-58 Death occurred at 2:15 A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John A. L. L. L. (Degree or title) Dr.				22b. ADDRESS Cole Camp, Mo.		22c. DATE SIGNED 7-17-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-18-1958		23c. NAME OF CEMETERY OR CREMATORY Trinity Lutheran		23d. LOCATION (City, town, or county) (State) Cole Camp Missouri	
24. FUNERAL DIRECTOR E. L. Bickhoff		ADDRESS Cole Camp, Mo.		25. DATE RECD. BY LOCAL REG. 7/17/58		26. REGISTRAR'S SIGNATURE E. L. Bickhoff	

(Licensed Embalmer's Statement on Reverse Side)

300
1-56All
causes.
All
causes.
All
causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

AUG 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Charles F. Fox*

Licensed Embalmer No. *461*

P. O. Address *Col. Camp*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.